

Accountability for DME, home health, and hospice use

ISSUE: How could Medicare increase accountability for the use of DME, home health, and hospice to reduce current patterns of aberrant use?

KEY POINTS: DME, home health, and hospice share common characteristics that may increase their vulnerability to fraud, abuse, and overuse. They do not require continuous physician involvement, entry does not require major capital investment in facilities, and there is no beneficiary cost sharing for home health and very little for hospice. Examination of geographic variation for these services shows their use varies much more than total Medicare service use with some regions showing aberrant patterns of use.

ACTION: Commissioners may wish to discuss how greater accountability for providers, physicians, and beneficiaries could play a role in decreasing aberrant use of these three services. Specific recommendations to increase accountability could be pursued in sector specific presentations later this year.

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